

Case Number:	CM15-0051336		
Date Assigned:	03/24/2015	Date of Injury:	10/02/2014
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on 10/2/14. He reported initial complaints of neck, back, right shoulder, bilateral hands and knees. The injured worker was diagnosed as having rotator cuff tear; impending adhesive capsulitis; cervical strain; thorocolumbar strain; bilateral knee contusions. Treatment to date has included chiropractic care and modalities; TENS unit; x-ray left knee (10/7/14); MRI right shoulder (2/10/15); medication. Currently, per the PR-2 notes dated 2/19/15, the injured worker complains of continued severe right shoulder pain with limited range of motion. The provider has recommended right shoulder arthroscopy, subacromial decompression/debridement of the rotator cuff and postoperative Norco tab 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): (s) 74-95, page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain throughout the back, right shoulder, and right knee. The recorded pain assessments were detailed, containing the majoring of the elements recommended by the Guidelines. In addition, these records suggested improved function with the use of the worker's medications in general. However, urinary drug screening was not consistent with the worker's active recommended regimen and was not consistent with the documentation of needed treatment in order to maintain the maximized function described in the documentation. There was no discussion aligning these inconsistencies or sufficiently supporting the request for hydrocodone with acetaminophen. Further, the request was for an indefinite supply, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.